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An Address

ON THE

NEED FOR MEDICAL TEACHING ON

BIRTH CONTROL

Delivered before the Manchester Medico-Chirurgical Society on January 12th,

BY

ARTHUR E. GILES, M.D., B.Sc., M.R.C.P.Lond., F.R.C.S.Edin.,

CONSULTING SURGEON TO THE CHELSEA HOSPITAL FOR WOMEN, AND GYNÆCOLOGIST TO THE PRINCE OF WALES'S GENERAL HOSPITAL, TOTTENHAM.

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THE NEED FOR MEDICAL TEACHING ON BIRTH CONTROL.

AUTHORITATIVE teaching on the subject of birth control, or, to be more precise, conception control, is required for two reasons. In the first place such control is necessary in many cases within limits which I shall try to define; and in the second place, the general public already knows a good deal about it, and is anxious to know more. Instruction should be given by medical men. They are in a position to judge of the necessity for control on medical grounds and its advisability for economic reasons; moreover—and this is equally important—they can appreciate the conditions in which control is harmful medically or inadvisable ethically. They can also give information as to the best means to be employed in individual cases.

For want of proper teaching the public has had to go to popular books, some of which, written in an erotic vein, with insufficient knowledge, and with a marked bias, are liable to do a good deal of harm. Those who have not had access to books, as well as some who have, have resorted to some so-called birth-control clinics, staffed by non-medical persons who advise the use of appliances without selection of suitable cases or discrimination as to the means to be employed. In these two pictures, of the medical and the popular expositions of the subject, we have an epitome of the use and the abuse of teaching about birth control.

MEDICAL GROUNDS FOR BIRTH CONTROL.

I may say that I make use of the term birth control here because it is simple and generally understood. Strictly, it would include prevention of birth by the induction of abortion, but this, of course, we are not considering, as we are dealing only with the prevention of conception.

1. *Heritable Disease in Either Parent.*—Here we have to consider syphilis, tuberculosis, and mental

disease. Syphilis is, of course, curable; and once cured it ceases to be heritable. But as long as there are positive signs in either parent, there is no doubt that the begetting of children should not be allowed. Tuberculosis should be regarded in the same way, though it is the tendency to the disease that is inherited rather than the disease itself. With mental disease it is a question of degree. Obviously, lunatics and imbeciles should not be allowed to have children, but the minor forms of mental instability are often so closely allied to genius that if such people were prevented from having children the loss might outweigh the gain.

2. *Diseases that make Childbearing Dangerous to the Mother.*—In this category we may include some forms of heart disease, tuberculosis, and nephritis. Each case must be considered on its merits, but it is a canon of medical practice that the mother's safety has priority over the unborn child, and à fortiori, over the unbegotten child. In some cases the restriction need be only temporary and can be removed if the disease concerned clears up.

3. *Conditions that would Obstruct Labour.*—These include contraction of the pelvis, or the presence of a tumour or other abnormality. If the obstruction be removable, as in the case of a tumour, it is right to prevent conception until this has been done; but if it be permanent, as in the case of a contracted pelvis, the patient has the right to choose whether she will take the chance of pregnancy with a view to delivery by Cæsarean section, or whether she shall be exempted from pregnancy by the adoption of preventive methods.

4. *Previous Difficulty or Dangerous Deliveries.*—When a woman has passed through a difficult or dangerous confinement, I hold that she has the right to say that she will not face the ordeal again, even though the complications may have been of a type unlikely to recur. Some women, with an ardent desire for another baby, might be willing to take the risk. With others, the prospect of another such experience would entail intense mental suffering and might easily cause a mental breakdown.

5. *Childbearing in Excess of a Woman's Strength.*—There is no doubt that many women have borne large families with only short intervals between successive confinements, and have appeared to be none the worse for it. But with many it is different, and a succession of children close together has left them physical wrecks. It is not only permissible, but

necessary, for medical men to advise preventive methods in such cases, in order that pregnancies may be both spaced out and reduced in number. And if a woman asks for help in such circumstances, I consider that she is entitled to receive it.

Economic Grounds for Birth Control.

When we come to consider the economic grounds for birth control, ethical and sociological considerations overshadow the medical, and we find widely divergent positions taken up by thoughtful and conscientious persons. The ardent followers of Malthus adduce many reasons why the population should be held in check. In my opinion their concentration on abstract generalities places their vision out of focus for attention to the individual human side of the matter, which is at least as important. At the other extreme, some religious bodies, such as the Roman Catholic Church, denounce birth control in principle and can see no exceptions where it is desirable; save that they will rather unwillingly concede that there may be something to be said on medical grounds. My position is intermediate; I recognise that birth control is a contravention of natural law, and that such contravention can seldom be carried out with impunity. But facts must be faced, and there are cases where the penalty of compliance with natural law is greater than that of defiance of it. But if my position is intermediate, I must frankly confess that it is much nearer to the extreme of prohibition than to that of wide adoption.

The plea that a couple cannot afford to have more children is one that I should admit as a permissible reason for birth control. This presumes that they have one or more already. Moreover, the poor drudge of a working woman whose babies keep on coming, so that childbearing and ceaseless toil make up her whole existence, deserves our pity and our help, and the resources of medicine should be applied to the limitation of her family. But I should not admit that it is right for people to begin married life by practising birth control. If they cannot afford to have one child, they cannot afford to get married. And if the reason given is that they want to enjoy themselves and have a good time without the responsibilities of parenthood, I should say that the reason is an unworthy one. Let such people enjoy themselves and have a good time, and wait to get married until they have acquired enough unselfishness and seriousness of character to accept the normal responsibilities of married life.

Methods Adopted.

1. *Abstinence.*—As a temporary measure this is reasonable, but for adoption during a considerable period it is not practical. It asks too much of human nature and opens the door to irregular practices and unhappiness.

2. *Restriction of Intercourse to the "Safe Period."*—There is no period that is absolutely safe; but it is generally agreed that the likelihood of conception is least in the latter part of the intermenstrual period. This is the best method to be adopted when birth control is desirable but not an absolute necessity. It is the least objectionable.

3. *Prevention of Entry of Spermatozoa into the Vagina.*—One method is by coitus interruptus. Generally speaking, this is unfair on the woman, as it is apt to leave her with desire excited but not satisfied. It is not to be recommended. The other method is the use of the condom. When birth control is essential, but for a time only, and the possibility of conception at a later date is to be preserved, the condom plan is the best. It has been maintained that it is essential for the seminal fluid to come in contact with the vagina in order that the woman may reap the full benefit of the act; but this is not proved and I hold it to be doubtful.

4. *Mechanical Prevention of Entry of Spermatozoa into the Uterus*—For this purpose various pessaries have been devised which are supposed to be introduced by the woman. They are all uncertain in action, and their chief virtue is that they are a source of revenue to those who sell them.

5. *Chemical Methods of Prevention of Entry of Spermatozoa.*—The chief of these is the quinine pessary whose contents, when the pessary melts, kill the spermatozoa. This is one of the most dependable methods, and it is free from the objectionable features common to some other plans. It is to be recommended when birth control is to be permanent. Douching is a method whose action is partly chemical and partly mechanical. It is fairly safe, but not absolutely so; and it is a drawback, not unattended by risk, for the woman to have to get up out of a warm bed in order to use a douche.

6. *Surgical Methods.*—The vasa deferentia may be cut and tied in the man, or the Fallopian tubes in the woman. Cases of performance of the operation on the man are very rare; and in the case of women it is hardly justifiable to perform an operation for this purpose alone. But when an operation is necessary for some other reason, it is a proper and legitimate procedure to divide the tubes at the same time. There are various ways of doing this: the method that I adopt is to divide the tube and overlap the two ends about an inch, tying a ligature round both at each end of the overlapping portion.

Drawbacks in Principle to Birth Control.

There are drawbacks to birth control on public as well as on personal grounds. A detailed examination of the public grounds would carry me too far into the Malthusian doctrines and I will dwell on one point only—namely, the disadvantages to a country that result from a falling birth-rate. It is said on the other side that there is neither work nor food enough for all, and that the proper remedy is to limit the number of future wage-earners and food-consumers. My own view is that the fault is due to the conditions of work and not to the numbers, and that altered conditions would provide work enough for all the unemployed in the country. If birth control could ensure the elimination only of the unfit, the wasters, and the degenerates, something might be said for it. But, on the contrary, those who are least likely to breed valuable citizens are also the least likely to take any steps in the matter. Restriction is more practised by thoughtful and efficient parents, whose offspring might well be of the greatest service to the community.

Then there is the personal side; and here I am not concerned with cases of restrictive methods adopted after several children have been born. But I am deeply concerned with restrictions adopted at the beginning of married life. The immediate effect is to foster selfishness and self-indulgence in the married couple and to rob the early married life of much of its proper romance. The later effects are not invariable; but I have met many instances of people who have avoided the possibility of childbearing in the early years, and later on, when they have changed their mind and thought that they would like to have children, they have not been able to do so. I do not know how this has come about in individual cases. It may be through some change in endocrine activities, due to distortion of the normal sex-act. In some cases it may be due to the method employed, for I have long been convinced that the prolonged use of quinine pessaries may have this effect. However it may be, there is no doubt about the unhappiness and the disappointment, the regrets and mutual recriminations and sometimes even the permanent

estrangement and separation that the later years of married life may enfold.

Another late result is the physical one. Repeated sex-stimulus in early married life without the physiological rest and outlet provided by pregnancy predisposes to hyperplasia, chronic congestion, and the development of uterine fibroids.

Drawbacks Inherent in Certain Methods.

The least harmful plan is undoubtedly the restriction of intercourse to the so-called safe period. Of mechanical means the condom is probably the least objectionable. Coitus interruptus has a bad effect on the woman's health in many cases. I have spoken of the possible effect of quinine pessaries in leading to permanent sterility. Some of the so-called check pessaries may set up an ascending metritis and salpingitis when used by careless and ignorant women.

Conclusion.

Birth control is a necessity on medical grounds in certain circumstances, and it is expedient on economic grounds in a few cases. The medical profession should lay down its indications and point out its limitations. To those who wish to practise it for economic reasons, its risks and drawbacks, immediate and remote, should be pointed out; and when it is necessary, the best method to be adopted in each individual case should be explained.

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